

tism. In general sepsis, or when inunctions are not practicable, it may be given internally as a pill: soluble silver, $\frac{1}{4}$; sugar of milk, $1\frac{1}{2}$ gr.; glycerin, $1\frac{1}{2}$ m., with sufficient water. Two of these may be administered twice or thrice daily, followed by from three to six ounces of boiled water or tea. These are suggested as being tonic, do not interfere with digestion, and in addition to sepsis may be of use in tuberculosis. Pencils of three grains each are useful for fistula. In solution, 1 or 2 to 10,000, it may be used for irrigation. Of the strength of 1 to 500-2000, in severe sepsis it can be administered intravenously after the method employed by Baccelli for mercurial solutions. Several patients have been under observation who have received fifteen grains of this substance daily for weeks without unpleasant after-effect or the appearance of argyria.—*Klinisch therapeutische Wochenschrift*, 1898, Nos. 14, S. 460, 15, S. 495.

[This allotropic form of silver has been known to photographers, notably H. Carey Lea, for many years. From the therapeutic stand-point it has a peculiar interest. Several months ago a hospital patient who presented numerous pustules upon the cheek and neck, the result of a suppurative otitis media, was entirely relieved by the use of the ointment, even before the ear was cured. We are of the opinion that this substance merits further investigation.—R. W. W.]

The Abortive Treatment of Erysipelas.—DR. LABIT recommends a 10 per cent. solution of iodol in collodion. The affected area is thoroughly painted with this and the coat extended for an inch over the healthy skin. If the hairy scalp is invaded, it is first carefully shaved, then painted. That the iodine contained in the iodol is absorbed is shown by its appearance in the urine. Frequently within twenty-four hours all symptoms of the disease will disappear. It is not claimed that iodol is the only specific for the streptococcus of Fehleisen; doubtless other antiseptics can produce the same result. The pressure produced by the collodion, and its penetration, carrying with it the remedy into the tissues, is important. The method is not painful, but, on the contrary, is anodyne. The results tend to show that at first the disease is local, and, since this is so, no general treatment has been employed.—*Bulletin Générale de Thérapeutique*, 1898, 14e liv. p. 540.

The Action of Organs upon Strychnine.—M. H. ROGER takes as his text the well-established fact that different parts of the organism possess the property of arresting alkaloids, modifying them, and diminishing their toxicity; in fine, of exercising a protective action against poisoning. The results of his experiments show that strychnine is about three or four times less poisonous when it is passed through the lungs than when it enters directly into the systemic circulation, as when injected directly into the aorta. This is, however, a special instance of a general law, for the function designated as antitoxic is not the exclusive property of a single organ or tissue. While all the organs, tissues, and cells may be capable of combating intoxication, there are certain parts of the organism which, because of their activity or their situation, are of principal importance. For instance, if a poison is introduced into the alimentary canal it is modified by the intestinal epithelium; if it passes this barrier it finds in the liver a most efficient protector

of the organism. In fact, in this respect no other organ compares with it. If, however, some portion of the poison has escaped its vigilance it is carried by the blood current into the lungs, whose protective action has been mentioned above. As it passes through this organ it is then distributed throughout the economy. If, on the other hand, absorption takes place from the peripheral veins, that is from subcutaneous injection, the liver acts too late, and it is the lung, the first organ traversed, upon which devolves the rôle of protector. This function of the lung deserves further study.—*La Presse Médicale*, 1898, No. 32, p. 185.

The Treatment of Bradycardia.—DR. R. DOUGLAS POWELL points out that one form sometimes follows upon the rapid heart of exophthalmic goitre. It is very commonly associated with well-marked myxœdema, and may continue, notwithstanding the disease has been cured or held in check by thyroid treatment. When found in epileptics the rhythm is not only slow, but frequently irregular. As a temporary condition it is not infrequently met with as a sequel to influenza, and also in association with the stage of depressed temperature that frequently follows upon other fevers. Chronic high arterial tension is generally associated with a slow, sometimes very slow, pulse, whereas in acutely raised tension the action of the heart is generally quickened. In chronic bradycardia, a condition that tends to remain permanent and does not necessarily shorten life, an occasional twenty-four hours' rest in bed should be enjoined, and for mental work the recumbent posture should be preferred. In the more temporary variety the combination of strychnine with an alkali or potassium iodide (the two drugs being kept in separate bottles) is a very useful one. Caffeine also may be employed, especially if the urine is scanty. A five-minute inhalation of oxygen three or four times daily is a valuable cardiac stimulant. In myxœdema thyroid extract will be given, but it is not wise to push it to the production of any excitement of circulation.—*British Medical Journal*, 1898, No. 1943, p. 805.

Acetylene; the Dangers Arising from its Inhalation.—DR. THOMAS OLIVER has directed his experiments toward an investigation of the poisonous properties of this new illuminant, when inhaled, as compared with coal-gas. In the latter death supervenes by asphyxia, owing to the carbon monoxide, so largely present in this gas, entering into stable combinations with the hæmoglobin of the blood, from which it is with difficulty dissociated. If a rabbit is placed in a bell-jar into which ordinary air and acetylene are pumped, the animal seems for a very long time to experience very little inconvenience. It is not until ordinary atmospheric air is excluded and only acetylene admitted that symptoms gradually and slowly develop. This circumstance shows that so long as there is any oxygen in the aerial medium by which the animal is surrounded, it is the oxygen which is absorbed in the blood, and very little acetylene. After a more lengthened exposure to acetylene than that which is necessary for coal-gas, the animal becomes intoxicated, it falls over on its side, apparently profoundly asleep, and while all through the experiment its breathing has been somewhat short and rapid, stupor steals over the animal, apparently painlessly, for there is not exhibited anything of the excitement, nervous or respiratory, which is seen in the narcosis produced by

such poisonous vapors as carbon bisulphide or benzole, or even in ordinary asphyxia. Where somnolence has been induced and asphyxia not pushed too far, the rabbit, when removed from the bell-jar and placed in ordinary atmospheric air, begins to move about in a few seconds in as lively a manner as if it had not been interfered with, there being neither weakness nor paralysis of its limbs. In a word, a few inhalations of atmospheric air are sufficient to restore to the animal all its faculties. Should the inhalation have been pushed further, and the animal have been very deeply asphyxiated, death may ensue, the cyanosis hitherto observed being rapidly replaced by extreme pallor. In the minor and easily recoverable stages of asphyxia the vascular tension is still maintained, and there is no difficulty in obtaining a drop of blood for examination; but when the deeper stages are reached, so extremely contracted are all the vessels that it is almost impossible to obtain even a trace of blood. When this stage has been reached recovery is difficult. It is interesting at this point to mention that when the blood of a rabbit at different stages of intoxication from acetylene is examined, and especially in the deepest asphyxia, this fluid on spectroscopic examination always exhibited two well-marked bands of oxyhemoglobin; also that, unlike the blood in coal-gas poisoning, although resembling it in the cherry-red color which it presented, it was readily reduced on the application of ammonium sulphide and gentle heat. To that extent, therefore, if the asphyxia caused by acetylene is not too profound—and under ordinary domestic circumstances it would not be a pure acetylene atmosphere that would be inhaled by an individual, but one mixed with a large proportion of ordinary air—the danger to life seems to be less than it would be in coal-gas poisoning, and the prospect of recovery by removal to atmospheric air greater. Death may supervene, however, if the inhalation has been lengthened and atmospheric air excluded. A rabbit which was profoundly asphyxiated by acetylene, whose lips were extremely pale, its arteries comparatively empty, pupils widely dilated, breathing short and irregular, and muscles completely paretic, died after removal from the bell-jar, death being preceded as in anemia of the brain, by opisthotonos and convulsion, first in one of the forelimbs, then of the hind, and subsequently the tremors became general. The rabbit died long after its removal from the acetylene atmosphere, after it had been breathing for twenty minutes ordinary air superficially and irregularly. The condition of the heart found at the necropsy is scarcely that observed in asphyxia; some other factor, therefore, contributed to the death of the animal.—*British Medical Journal*, 1898, No. 1947, p. 1069.

An Eruption Due to Exalgin.—M. G. LINOSSIER remarks the great rarity of cutaneous manifestations after ingestion of this drug. This patient, who could not take antipyrin because of the erythema which it caused, received about four grains of exalgin for the relief of headache. An hour after a general erythema appeared. The following day the body was covered with round, brilliantly red, papular areas of considerable size. Upon the back of the hands and in the digital interspaces the elevations seemed to be ecchymotic. Later the epidermis was separated and bullæ containing a colorless liquid appeared. Pressure upon the papular areas caused severe pain, although there was no marked itching. After the bullæ disappeared severe pain was

felt at their site. There was also marked burning pain throughout the entire length of the alimentary canal, and erythematous patches were seen upon the gums. All these manifestations disappeared within three or four days.—*Bulletin Générale de Thérapeutique*, 1898, 13e liv. p. 492.

Bacteriuria.—DR. EDMUND BONN reports an instance of chronic deep urethritis and follicular prostatitis. He administered internally sodium salicylate, benzoic acid, and salol, with large quantities of water (three pints to two quarts), and finally irrigated the bladder with potassium permanganate (1 to 1000) and corrosive sublimate (1 to 10,000). These were unavailing. The best results were obtained by the use of diuretic infusions and fifteen to thirty grains of urotropin daily, although even this did not entirely clear the urine.—*Prager medicinische Wochenschrift*, 1898, No. 18, S. 208.

The Applications of the Gastric Juice of the Dog.—M. FRÉMONT has obtained benefit from this substance in cholera nostras, chronic enteritis, and old dyspepsias. Several excessively emaciated patients gained weight rapidly. This remedy is contraindicated in the presence of an excessive amount of hydrochloric acid and in cancer. All of the patients treated had been for some time upon a regulated diet without benefit. Suggestion would not explain the beneficial results because the majority of patients did not know what they were taking. The juice was administered during the meal either clear or in beer. The doses varied according to the acidity of the stomach-contents of the patients. The average dose was two ounces.—*Le Progrès Médical*, 1898, No. 18, p. 281.

MEDICINE.

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Cancer of the Œsophagus.—HUBER has reported a case with some unusual features. The patient, a restaurateur, aged fifty-five years, began to complain of weakness and of piercing pain on swallowing. For years he had had attacks of an anginose character, frequently associated with hystero-epileptic paroxysms provoked by acute alcoholism. The patient was weak and emaciated, the pupils were contracted, and reacted to accommodation, but not to light. The reflexes were normal. Solid food could not be swallowed. On attempting to swallow milk, a coughing paroxysm was excited and most of the milk vomited. Examination of the pharynx showed a dilatation of the lower end, containing food-remains and mucus. The right vocal cord was